

# **CIT NORTH SYSTEM INTERAGENCY AGREEMENT**

Return this form to:

NIH, CIT  
12 South Drive MSC 5606  
Bethesda, MD 20892-5605  
FAX: 301-496-1212

**Official name of the requesting agency and component**

**CIT Account Code:**

Period covered by renewal: *From*

*To*

When you open a new account or renew your existing agreement for Center for Information Technology (CIT) services with this document, you are agreeing to the following conditions:

1. You must use your account in accordance with CIT's Standard Operating Procedures as expressed in the user's guide and other technical publications. Your use is on a time-available basis, subject to the production requirements. Because your users submit computer runs directly to CIT's computer, your agency assumes responsibility for *all* charges incurred.
2. This agreement is an interagency agreement in accordance with 31 U.S. Code 1535.
3. Your agency has full responsibility for paying NIH for all services used, even if you exceed your agency's internal limitations.
4. The Office of Financial Management, NIH, will bill you periodically. We will base the billing on actual services used, at the standard rates of the NIH Service and Supply fund.
5. When you want to terminate this agreement, you must inform CIT and:
  - a. Release all tapes, disks, equipment, and on line storage space
  - b. Request that we deactivate your account code and all user initials.
  - c. Notify the Technical Information Office to stop mailings of technical literature.
6. This agreement is in effect for the period stated above and until terminated in writing.

## **Designated Account Coordinator**

Name	Title	Telephone No.
Address		

## **Designated Alternate Account Coordinator**

Name	Title	Telephone No.
Address		

## **RACF Preferred Coordinator**

Name	Title	Telephone No.
Address		

## **Fiscal Responsibility**

Name of Person Responsible for Paying Bills	Title	Telephone No.
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Common Account No. (CAN) and/or Appropriation No. (DHHS Users Only)	Internal Agency Reference No. (Agreement No., Purchase Order No. Etc).
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## **Authorization to Commit Funds of Requesting Agency**

Signature	Date
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## **CIT Acceptance**

Signature	Date
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